



**MINUTES  
EMERGENCY MEDICAL SERVICES  
MEDICAL ADVISORY BOARD MEETING  
SEPTEMBER 6, 2006 – 11:00A.M.**

Richard Henderson, M.D., Chairman, Henderson Fire	Russell Cameron, EMT-P, Clark County Fire Dept
Randy Howell, EMT-P, Henderson Fire Department	Brian Rogers, EMT-P, MedicWest Ambulance
Allen Marino, M.D., NLVFD and MedicWest Ambulance	Robert Forbuss, American Medical Response
Gerald Julian, EMT-P, Mercy Air Service, Inc (Alt.)	Chief David Petersen, Mesquite Fire & Rescue
Philis Beilfuss, R.N., North Las Vegas Fire Dept	David Slattery, M.D., Las Vegas Fire & Rescue
Dale Carrison, D.O., Mercy Air and Clark County Fire Dept.	Walter West, EMT-P, Boulder City Fire Department (Alt.)
Tim Crowley, EMT-P, Las Vegas Fire & Rescue (Alt.)	Thomas Geraci, D.O., Mesquite Fire & Rescue

**MEMBERS ABSENT**

Jon Kingma, EMT-P, Boulder City Fire Department	David Daitch, D.O., Boulder City Fire Department
Chief Mike Myers, Las Vegas Fire & Rescue	E. P. Homansky, M.D., American Medical Response
Brian Fladhammer, Mercy Air Service, Inc.	

**SNHD STAFF PRESENT**

Rory Chetelat, M.A., EMT-P, EMS Manager, SNHD	Mary Ellen Britt, R.N., Regional Trauma Coordinator
Joseph J. Heck, D.O., Operational Medical Dir	Moana Hanawahine-Yamamoto, Recording Secretary
Trish Beckwith, Field Representative	Judy Tabat, Administrative Assistant
J. Marc Johnson, R.N., Quality Improvement Coordinator	

**PUBLIC ATTENDANCE**

Ronald Tucker, EMT-P, MedicWest Ambulance	Steve Herrin, Las Vegas Fire & Rescue
David Nehrbass, EMT-I, American Medical Response	Don Hales, MedicWest Ambulance
Sandy Young, R.N., Las Vegas Fire & Rescue	Trent Jenkins, EMT-P, Clark County Fire Department
Richard Main, EMT-P, American Medical Response	James Adams, Community College of S. Nevada
Ernie Stegall, R.N., Sunrise Hospital	Tricia Klein, EMT-P, American Medical Response
Joseph Melchiode, MountainView Hospital	John Higley, EMT-P, Mesquite Fire & Rescue
Susie Kochevar, R.N., MedicWest Ambulance	Larry Johnson, EMT-P, MedicWest Ambulance
Jay Craddock, EMT-P, North Las Vegas Fire Dept.	Roy Carroll, American Medical Response
Wade Sears, M.D., MountainView/Southern Hills	Julie Siemers, R.N., Mercy Air Services, Inc.
Dan Petcavage, R.N., University Medical Center	Marie Lemmon, R.N., Mercy Air Services, Inc.
Steve Patraw, EMT-P, Boundtree	Brett Olbur, EMT-P, Las Vegas Motor Speedway
Jill Jensen, EMT-P, Las Vegas Motor Speedway	Patty Holden, Sunrise Hospital
Scott Rolfe, St. Rose Hospital – Siena Campus	Tony Greenway, EMT-P, MedicWest Ambulance
Patrick Connell, Community College Of S. Nevada	Anthony Chiodini, Community College of S. Nevada
Ray Baca, Community College of S. Nevada	Edgar Vargas, Community College of S. Nevada
Aaron Bleck, Community College of S. Nevada	Rick Warner, Community College of S. Nevada
Brian Wilkinson, Community College of S. Nevada	Kelly Hunt, Community College of S. Nevada
Brandie Green, AMR/Community College of S. Nevada	Michael Czaruk, AMR/Community College of S. Nevada
Jayne Ching, R.N., University Medical Center	Camille Lombardi, R.N., University Medical Center

## **CALL TO ORDER - NOTICE OF POSTING OF AGENDA**

The Medical Advisory Board convened in the Clemens Room at the Ravenholt Public Health Center at 11:04 a.m. on Wednesday, September 6, 2006. The meeting was called to order by Chairman Richard Henderson. He stated that the Affidavit of Posting, Mailing of Agenda, and Public Notice of the Meeting Agenda were executed in accordance with the Nevada Open Meeting Law. Chairman Henderson noted that a quorum was present.

### **I. CONSENT AGENDA**

Chairman Henderson stated the Consent Agenda consisted of matters to be considered by the Medical Advisory Board that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval.

#### **A. Minutes Medical Advisory Board Meeting August 2, 2006**

A motion for Board approval of the minutes as written was made, seconded and carried unanimously.

#### **B. Endorse Revisions to the Trauma Field Triage Criteria Protocol**

A motion for Board approval of the revision to the Trauma Field Triage Criteria Protocol as written was made, seconded and carried unanimously.

#### **C. Endorse Draft Changes to EMS Regulations**

Dr. Marino made a motion to accept all of the proposed changes to the EMS/Trauma Regulations with the exception of section 1600.000. The motion was seconded and passed unanimously.

Mr. Chetelat explained that EMS Regulation currently states that the members of the MAB shall include the Medical Director of each permitted agency and an Operational Director from each permitted agency. Each permitted agency shall have one vote, to be cast by the Medical Director. In the event the Medical Director is not available to attend the meeting, the Operational Director for the agency shall cast the vote.

There have been concerns that have been brought to Mr. Chetelat's attention regarding Board composition and voting rights. This is the reason there are proposed language revisions to sections 1600.000 IIA, IIB and IIC.

Russ Cameron voiced his concern regarding the proposed changes to the language in section 1600.000 IIA. and IIB. because it would eliminate the helicopter aeromedical service's position and he feels it is important to have them as part of the Board. Dr. Dale Carrison also noted their role as the primary responder in rural Nevada.

Mr. Chetelat added that if the "permitted agency" language is not revised, there is the potential that the special purpose permit agencies could have a seat on the Board as well; however, these agencies do not work in the 911 system. Brett Olbur from Las Vegas Motor Speedway feels that the special purpose permit services should have a seat on the MAB. They follow the same regulations and to exclude them because they are not included in 911 transport does not seem fair. Mr. Chetelat responded that the Nevada Revised Statutes defines the mission of Emergency Medical Services, which is legally interpreted as that which occurs from activation of the 911 call to patient arrival at the hospital.

Dr. Marino made a motion to keep the composition of the MAB as is until further discussion can take place in the EMS/Trauma Regulations workshop. The motion was seconded and passed unanimously.

Dr. Marino's intention is to have further discussion regarding the language in sections 1600.000 IIA. and IIB. Dr. Joseph Heck added that if the Board would like the rotorwing aeromedical service to continue to be represented and have the special purpose permit services represented as well, then the language can remain as permitted agency. If the Board would like exclude a permitted agency, then the language must be revised.

Dr. Carrison feels that the Medical Director should continue to cast the vote for each agency. The Medical Director and Operational Director should be able to communicate with each other regarding the agency's best interest and it is almost impossible to designate action items as operational or medical.

Dr. Marino made a motion to keep the current language in section 1600.0000 IIC. unless sections 1600.000 IIA. and IIB. are revised during the EMS/Trauma Regulations workshop. The motion was seconded and passed unanimously.

## **II. REPORT/DISCUSSION/POSSIBLE ACTION**

### **A. Priority Dispatch Task Force**

#### Discussion of MPDS Version 11.2

Steve Herrin noted the dispatchers concern with the 400 compressions they are directed to give during the pre-arrival instructions for cardiac arrest. Dr. David Slattery explained that the dispatchers are required to follow the script of the cards verbatim and advising bystanders to perform 400 compressions is difficult. The committee recommended that the verbiage be changed to push hard and push fast which is consistent with the American Heart Association's guidelines.

Dr. Slattery made a motion to revise card #9, panel 13 in version 11.2 to read: Pump the chest as hard and fast as you can, at least twice per second for 3 ½ minutes (it's not as long as it sounds). Let the chest come all the way up between pumps. I will time you and let you know. I'll stay on the line. \*If they become fatigued, ask if someone else is available to take over chest compressions or advise brief rest. The motion was seconded and passed unanimously.

Dr. Slattery did note that this revised language is similar to the verbiage that will be used in version 11.3; however, version 11.3 will not be out for review for another few months. Dr. Clawson advised Mr. Herrin that there were issues regarding this card at some of the beta sites; however, the specific details were not given.

The dispatchers were also concerned with card # 24 and some of the aggressive pre-arrival instructions that they are giving in dyer situations during childbirth. However, the committee felt that during these situations, the baby is in distress and they are comfortable with the card's directions. The committee did request education for the dispatchers so that they will understand the rationale behind these instructions.

### **B. Discussion of Mercy Air's Petition for Pilot Study on Adult IO's**

Marie Lemmon requested a pilot study that would allow Mercy Air's paramedics to use the EZ -IO device. Mercy Air's training included biannual cadaver labs; however, this valuable education resource is no longer readily available. This forced Mercy Air to seek alternatives for vascular access. Ms. Lemmon attended a workshop in Texas where she was able to try the different devices. The EZ-IO device is FDA approved, only weighs 9 ounces, is extremely user-friendly, works without a battery, doesn't need a separate device to remove during transfer of care and is for adult and pediatric use.

Ms. Lemmon added that in 2005, they only did ten IO's within Clark County and IO skills would be included in their annual training.

Dr. Slattery made a motion to refer the pilot study that will allow Mercy Air's paramedics to use the EZ-IO device to the Drug and Device committee for review. The motion was seconded and passed. Dr. Carrison abstained from the vote because he is the Medical Director for Mercy Air Service.

### **C. Discussion of Nominations for Chair and Subcommittees for Medical Advisory Board**

Rory Chetelat advised that EMS regulations require an annual review of the Medical Advisory Board (MAB) chairman position. He also asked if there were any requests to change the membership on the subcommittees.

Dr. Slattery made a motion to re-nominate Dr. Henderson as the chairman of MAB. The motion was seconded and passed unanimously.

As the new Medical Director for Las Vegas Fire & Rescue, Dr. Slattery will serve as chairman and member for the subcommittees that Dr. Pellegrini used to hold. Dr. Slattery also added that it is important to have consistency in the chair position of the MAB and discouraged annual changes in this position. Mr. Chetelat noted that regulations require an annual review but does not require that to be changed. There were no requests to change the membership on the subcommittees.

### **III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

#### **A. Trauma System Development Update**

Mary Ellen Britt advised that the Regional Trauma Advisory Board (RTAB) will have new membership beginning September 20, 2006. Sandy Young will represent the public ambulance service. Dr. E.P. Homansky will continue to represent the private ambulance service and Dr. Henderson will represent the MAB. The MAB was given the updated Trauma Field Triage Criteria protocol which reflects the change to the Sunrise catchment area for step 1 and 2 patients.

#### **B. Quality Improvement Meeting Update**

The committee discussed the results from the patient to the waiting room study. This study spanned over a three month period and over 300 charts were submitted. Of the 300 charts, approximately 60 of them met the criteria of this protocol. The committee reviewed these charts for protocol compliance and safety. There were only a few protocol violations regarding vital signs criteria.

The committee identified that the protocol could be strengthened with a few clarifications. Psychiatric patients, patients with altered mental status and pediatric patients should be excluded from this protocol. The committee also emphasized the importance of documentation when invoking this protocol. The patient care report should note who the paramedic spoke to at the hospital and that the patient received the form that tells him that he is being left in the waiting room and that the nurse should be notified if any further problems occur or if he is going to leave the Emergency Department.

These clarifications will be discussed during the next protocol revision; however, the committee has decided not to expand the protocol at this time.

#### **C. Recognition of Service Award for Philis Beilfuss**

Mr. Chetelat announced the retirement of Philis Beilfuss, North Las Vegas Fire Department, and thanked her for her many years of service and dedication in the EMS system.

Robert Forbuss spoke with a paramedic who mentioned a problem with automobile accidents and the landscaping on the I-215. There are large boulder rocks that line the sides of the interstate and when there is an automobile accident, these rocks tend to cause the automobiles to roll over which significantly increases the amount of injuries. Mr. Forbuss believes that the County did not even realize that this problem could occur and feels that the Board should have a mechanism to feed this type of information back to public policy.

Mr. Chetelat noted that the EMS office would work with Mr. Forbuss in creating a task force to address these types of issues.

Russell Cameron noted the passing of Robert Corse, Clark County Fire Department Firefighter and Emergency Medical Technician. There will be viewing on Thursday and the funeral will be on Friday. He also announced that there will be a 9/11 commemorative ceremony on Monday at the Clark County Government Center.

Dr. Heck mentioned that WestCare cut 25 of their psych beds as of midnight, September 6, 2006. It will take the Southern Nevada Adult Mental Health Services (SNAMHS) approximately 3-4 weeks to meet their level of 217 beds which will give us a total of 242 psych beds in our system. Until SNAMHS meets their potential, there will be 25 more patients remaining in the Emergency Departments until a bed opens up at one of the facilities.

Dr. Heck also reiterated the importance of accurate tracking of Legal 2000s on the EMS system. The number reflected on the EMS system should only include the patients that have been medically cleared and ready to go to SNAMHS. It should not be the total number of psych patients the Emergency Departments are holding. This inaccurate reporting is one of the reasons why WestCare cut 25 of their psych beds.

Mr. Chetelat asked that the EMS providers' continue to level load the psych patients by transporting them to the hospital with the lowest number of patients showing on the EMS system.

### **IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION**

None.

**V. ADJOURNMENT**

As there was no further business, Chairman Henderson called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 11:56 a.m.